

Emergency Department Case Report

U.S. Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

1. Facility

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2. Date of Visit

MONTH	DAY	YEAR
		20

3. Time of Visit

HOUR	MINUTE

☐ a.m.
☐ p.m.
☐ military

4. Age

☐ Less than 1 year
☐ Not documented

5. Patient's Home ZIP Code

Otherwise, select one response:

- ☐ No fixed address (e.g. homeless)
☐ Institution (e.g. shelter/jail/hospital)
☐ Outside U.S.
☐ Not documented

6. Sex

- ☐ Male
☐ Female
☐ Not documented

7. Race/Ethnicity

Select one or more:

- ☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Not documented

8. Diagnosis List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.

1.	3.
2.	4.

9. Case Description Beginning with the presenting complaint, describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.

10. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names. Do not record current medications unrelated to the visit.

Route of Administration

Select One

Mark if confirmed by toxicology test

Oral
 Injected
 Inhaled, sniffed, snorted
 Smoked
 Other
 Not documented

Alcohol involved? ☐ Yes ☐ No/Not documented

1	<input type="checkbox"/>						
2	<input type="checkbox"/>						
3	<input type="checkbox"/>						
4	<input type="checkbox"/>						
5	<input type="checkbox"/>						
6	<input type="checkbox"/>						

11. Type of Case

Using the Decision Tree, select the first category that applies:

- ☐ Suicide attempt
☐ Seeking detox
☐ Alcohol only (age <21)
☐ Adverse reaction
☐ Overmedication
☐ Malicious poisoning
☐ Accidental ingestion
☐ Other

12. Disposition Select one:

Treated and released:

- ☐ Discharged home
☐ Released to police/jail
☐ Referred to detox/treatment

Admitted to **this** hospital:

- ☐ ICU/Critical care
☐ Surgery
☐ Chemical dependency/detox
☐ Psychiatric unit
☐ Other inpatient unit

Other disposition:

- ☐ Transferred
☐ Left against medical advice
☐ Died
☐ Other
☐ Not documented

13. Comments Enter here any questions or issues you have about this case. Do not include information that could identify the patient.